

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90316 002 \*\*\*150.00

**DOCUMENT # P01000063672**

**1. Entity Name**  
**TOM WATERS COMPANY INC.**

**Principal Place of Business**

**16115 SW 117 AVE. STE 25**  
**MIAMI FL 33177**

**Mailing Address**

**16115 SW 117 AVE. STE 25**  
**MIAMI FL 33177**

**2. Principal Place of Business**

**12206 SW 129 CT.**

Suite, Apt. #, etc.

**MIAMI, FL**

City & State

**33186**

**US**

Zip

Country

**3. Mailing Address**

**1229 TEQUESTA ST.**

Suite, Apt. #, etc.

**FT. LAUDERDALE, FL.**

City & State

**33312**

**US**

Zip

Country

**4. FEI Number**

**65-0127385**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ABERCROMBIE, WRAY**

**16115 SW 117 AVE, STE 25**  
**MIAMI FL 33177**

**7. Name and Address of New Registered Agent**

Name

**TOM WATERS**

Street Address (P.O. Box Number is Not Acceptable)

**1229 TEQUESTA ST.**

**FT. LAUD. FL. 33312**

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

*T. Waters Pres*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4.15.02**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☒ Delete  
**NAME** **ABERCROMBIE, WRAY**  
**STREET ADDRESS** **16115 SW 117 AVE, STE 25**  
**CITY-ST-ZIP** **MIAMI FL 33177**

**TITLE** **PRES** ☐ Delete  
**NAME** **TOM WATERS**  
**STREET ADDRESS** **1229 TEQUESTA ST.**  
**CITY-ST-ZIP** **FT. LAUD., FL. 33312**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*T. Waters Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.15.02 954 384 7366**

CR2E034 (9/01)